

## **Table of Contents**

**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 23-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



August 3, 2023

Heidi Hedberg  
Commissioner  
Department of Health  
3601 C Street, Suite 902  
Anchorage, Alaska 99503-5923

Re: Alaska State Plan Amendment (SPA) 23-0005

Dear Commissioner Hedberg:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to Alaska's Medicaid state plan, as submitted under transmittal number (TN) 23-0005. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 23-0005 is approved effective April 30, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Maria Garza at (206) 351-7434 or by email at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Courtney L.  
Miller -S

Digitally signed by  
Courtney L. Miller -S  
Date: 2023.08.03  
06:08:18 -05'00'

Courtney Miller  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

cc: Emily Ricci, Deputy Commissioner, [emily.ricci@alaska.gov](mailto:emily.ricci@alaska.gov)  
Emily Beaulieu, State Plan Coordinator, [emily.beaulieu@alaska.gov](mailto:emily.beaulieu@alaska.gov)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 0 5 2. STATE AK

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 30, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1135 of the SSA Title XIX (P&I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 23 \$ 0  
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 7.4 A, page 1  
Section 4.2 A, page 1 (new)  
  
Section 7.4.A page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT  
P&I Amendment rescinds the temporary extension of the 10 % rate increase for Title XIX HCBS services granted by dSPA AK-22-0009, effective 4/30/23 and permanently establishes the 10% rate increase in AK-23-0004, effective 5/1/23  
~~Rescission of dSPA AK-22-0009, which extended the flexibility of a 10% rate increase for providers of Title XIX HCBS service is being rescinded to match the timeline of the new permanent rates proposed rates in SPA AK 23-0004.~~

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. AGENCY OFFICIAL  
[Redacted]  
  
12. TYPED NAME  
Emily Ricci  
  
13. TITLE  
Deputy Commissioner & Medicaid Director  
  
14. DATE SUBMITTED  
June 26, 2023

15. RETURN TO  
Dept of Health Commissioner's Office  
c/o Emily Beaulieu  
3601 C Street, Suite 902  
Anchorage, AK 99503

**FOR CMS USE ONLY**

16. DATE RECEIVED  
June 26, 2023

17. DATE APPROVED  
August 3, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 30, 2023

19. SIGNATURE OF APPROVING OFFICIAL  
Courtney L. Miller -S  
Date: 2023.08.03 06:09:00 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Courtney Miller

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

22. REMARKS  
7/10/23 P&I change to Box 5 - removing 1135 reference and adding Title XIX & Box 7 adding (new) & correcting reference to section 7.4.A  
7/18/23 P&I change to Box 9 - adding "Amendment rescinds the temporary extension of the 10 % rate increase for Title XIX HCBS services granted by dSPA AK-22-0009, effective 4/30/23 and permanently establishes the 10% rate increase in AK-23-0004, effective 5/1/23" removing prior language.

**7.4.A – Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency**

1. Effective April 30, 2023, the state rescinds the election at item E.2 of section 7.4 of the state plan (approved on September 23, 2022, in SPA 22-0009), which temporarily increased payment rates by 10% for Title XIX state plan Home and Community-Based Services including personal care, targeted case management, and 1915(k) Community First Choice Services.
2. Effective May 1, 2023, AK 23-0004, will permanently implement the 10% increase plus the rebased amount for each of the listed Title XIX state plan Home and Community-Based Services: personal care, targeted case management, and 1915(k) Community First Choice Services, which replaces the AK 23-0005 rescission amendment.